

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS						AS FILED					
						AFTER FIRST AMENDMENT					
						AFTER SECOND AMENDMENT					
						Indep	Depend	Indep	Depend		
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
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44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
Total Indep						Total Indep					
Total Depend						Total Depend					
Total Claims						Total Claims					